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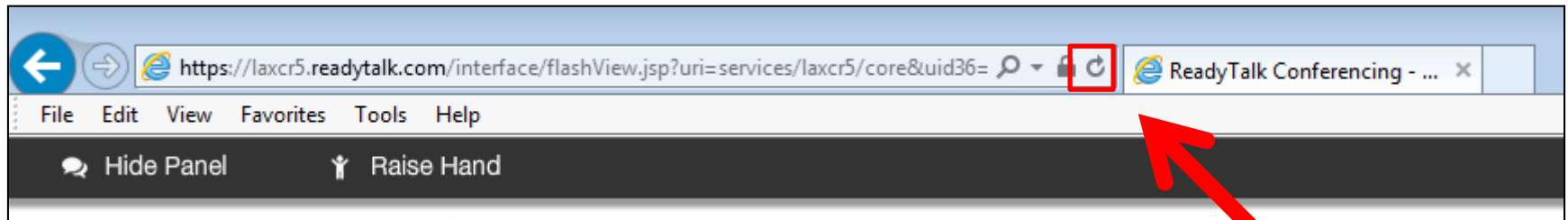
– or –

Click F5



F5 Key

Top Row of Keyboard

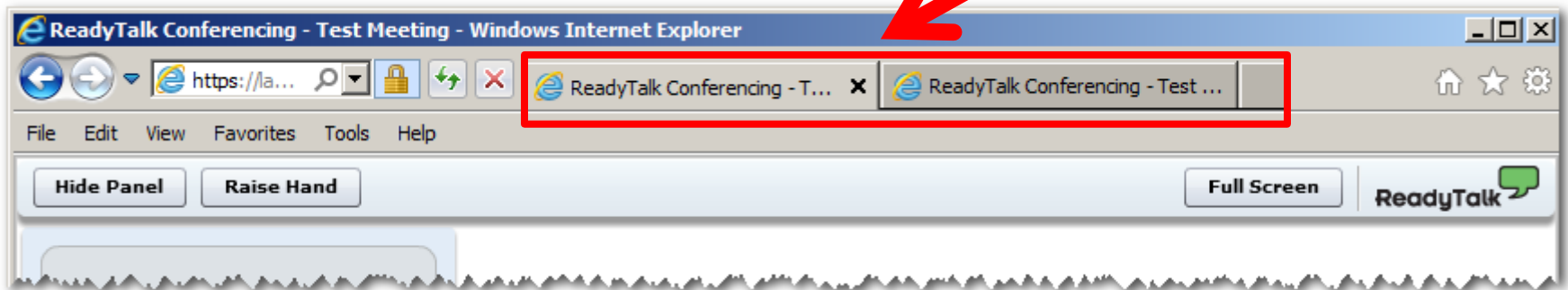


Location of Buttons

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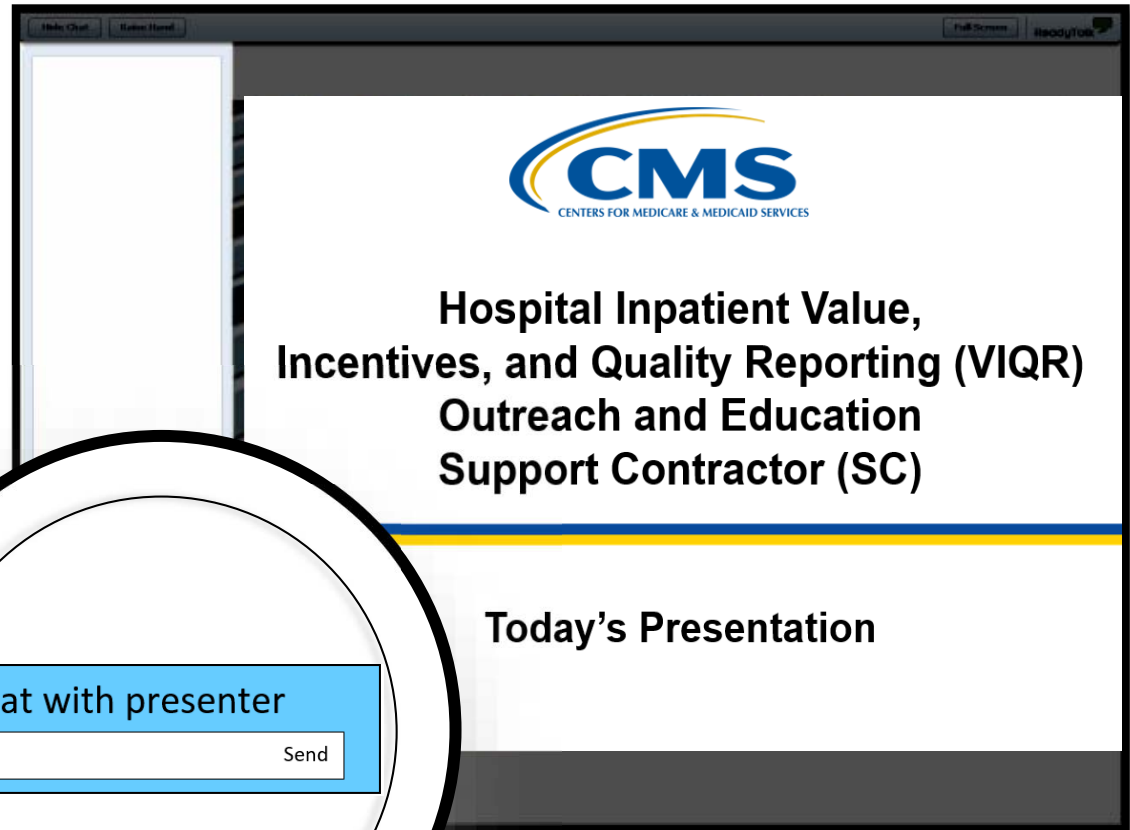
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Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

Nekeshia McInnis, MSPH

Program Lead, PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Quality Measurement and Value-Based Incentives Group (QMVIG)

Center for Clinical Standards and Quality (CCSQ), Centers for Medicare & Medicaid Services (CMS)

Lisa Vinson, BS, BSN, RN

Program Lead, PCHQR Program

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

June 6, 2019

Acronyms and Abbreviations

ADRD	Alzheimer's disease and related dementias	IT	information technology
CAUTI	Catheter-Associated Urinary Tract Infection	MAC	Medicare Administrative Contractor
CCSQ	Center for Clinical Standards and Quality	MACRA	Medicare Access and CHIP Reauthorization Act of 2015
CDI	<i>Clostridium difficile</i> Infection	MIDS	Measure and Instrument Development and Support
CE	continuing education	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CJR	Comprehensive Care for Joint Replacement	NHSN	National Healthcare Safety Network
CLABSI	Central Line-Associated Bloodstream Infection	NQF	National Quality Forum
CMMI	Center for Medicare and Medicaid Innovation	OCM	Oncology Care Measure
CMS	Centers for Medicare & Medicaid Services	OCM	Oncology Care Model
CST	Cancer-Specific Treatment	PCH	PPS-Exempt Cancer Hospital
DME	durable medical equipment	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
E&M	evaluation and management	PFS	Physician Fee Schedule
EBRT	External Beam Radiotherapy	PPS	prospective payment system
eCQM	electronic clinical quality measure	PRO	Peer Review Organization
ED	emergency department	Q	quarter
EHR	electronic health record	QIC	Qualified Independent Contractors
EOL	End of Life	SAFE	Scaled Agile Framework
ESRD	end stage renal disease	SES	socioeconomic status
HAI	healthcare-associated infection	SRF	social risk factors
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	SSI	Surgical Site Infection
HCP	healthcare personnel	VA	Veterans Administration
HSAG	Health Services Advisory Group	VIQR	value, incentives, and quality reporting
ICU	intensive care unit		
IDIQ	indefinite delivery/indefinite quantity		

Purpose

This presentation will provide an update on the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program aims, goals, and measures.

Objectives

Upon completion of this event, participants will be able to explain the present aims and goals for the PCHQR Program from the CMS perspective and understand how they relate to the current program measures.

Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

CMS Strategic Goals

CMS Quality Strategy: Patients Over Paperwork

- CMS' top priority is putting patients first.
- CMS established an internal process to evaluate and streamline regulations to:
 - Reduce unnecessary burden.
 - Increase efficiencies.
 - Improve the beneficiary experience.
- Ultimately, CMS aims to:
 - Increase the number to satisfied customers.
 - Decrease the hours and dollars clinicians and providers spend on CMS-mandated compliance.
 - Increase the proportion of tasks that CMS customers can do in a completely digital way.

Meaningful Measures Framework

The Meaningful Measures Framework is a strategic tool for putting **patients over paperwork** by reducing measure-reporting burdens in alignment with the national healthcare priorities.

Meaningful Measures Framework



● Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

● Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

● Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

● Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

● Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

● Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Meaningful Measures Areas

There are 19 Meaningful Measures Areas and six quality priorities. The areas:

- Illustrate how the overarching quality priorities are being operationalized.
- Act as the connectors between CMS Strategic Goals and individual measures that demonstrate how high quality outcomes for CMS beneficiaries are being achieved.

Meaningful Measures Areas and National Quality Priorities

National Quality Priority	Meaningful Measures Area
Make Care Safer by Reducing Harm Caused in the Delivery of Care	Healthcare-Associated Infections
	Preventable Healthcare Harm
Strengthen Person & Family Engagement as Partners in their Care	Care is Personalized and Aligned with Patient's Goals
	End of Life Care According to Preferences
	Patient's Experience of Care
	Patient Reported Functional Outcomes
Promote Effective Communication & Coordination of Care	Medication Management
	Admissions and Readmissions to Hospitals
	Transfer of Health Information and Interoperability

Meaningful Measures Areas and National Quality Priorities continued

National Quality Priority	Meaningful Measures Area
Promote Effective Prevention & Treatment of Chronic Disease	Preventive Care
	Management of Chronic Conditions
	Prevention, Treatment, and Management of Mental Health
	Prevention and Treatment of Opioid and Substance Use Disorders
	Risk Adjusted Mortality
Work with Communities to Promote Best Practices of Health Living	Equity of Care
	Community Engagement
Make Care Affordable	Appropriate Use of Healthcare
	Patient-focused Episode of Care
	Risk Adjusted Total Cost of Care

Complexity and Burden

Complexity and Burden of Hospital Reporting

Between May and June 2018, 151 hospital staff and leadership shared their experiences with reporting information to external and regulatory entities. This graphic illustrates the reporting interactions that pull hospitals away from their central focus of patient care and the burden they experience.



REPORTING INTERACTIONS

A - Caring for Patients

Providing patients with coordinated healthcare

- A1 Sending patient health records, medical orders, and prescriptions to other providers, facilities, and suppliers

B - Accreditation and Certification

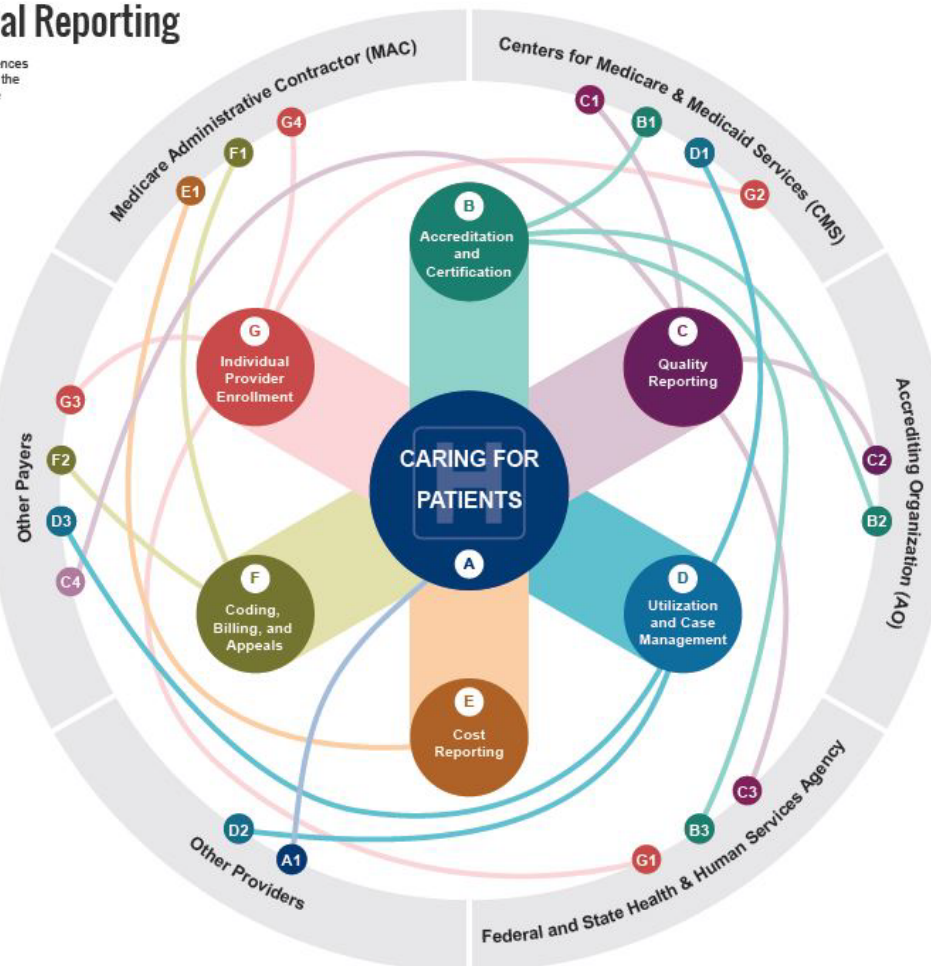
Establishing and maintaining compliance with patient health and safety requirements

- B1 Submitting corrective action plans for citations captured on Form CMS-2567 following an accreditation survey
- B2 Submitting corrective action plans for citations
- B3 Responding to complaint surveys conducted by the state on behalf of CMS

C - Quality Reporting

Abstracting, submitting, and improving performance on quality measures

- C1 Submitting core measures, Electronic Clinical Quality Measures (eCQMs), and hospital-acquired infection data
- C2 Submitting quality measures as required by Accrediting Organization
- C3 Submitting quality measures as required by the state
- C4 Submitting quality measures as required by other payers



D - Utilization and Case Management

Reviewing utilization of benefits and managing patient care across providers

- D1 Reviewing CMS coverage rules and guidance
- D2 Coordinating care with other providers and exchanging patient health records
- D3 Reviewing other payers' coverage and coordinating benefits

E - Cost Reporting

Gathering financial data, filing annual cost report, and settling accounts payable to or receivable from Medicare

- E1 Submitting cost report and filing cost report appeal

F - Coding, Billing, and Appeals

Coding patient records, billing payers, and appealing denied claims for reimbursement

- F1 Submitting claims, appeal letters, and documentation to MAC
- F2 Submitting claims, appeal letters, and documentation to other payers

G - Individual Provider Enrollment

Credentialing, verifying, and enrolling providers to bill to Medicare and Medicaid

- G1 Submitting credentials and application for state licensure
- G2 Submitting Medicaid provider enrollment application
- G3 Submitting provider enrollment application to commercial payers
- G4 Submitting Medicare provider enrollment application

Complexity and Burden continued

Burden Experienced

Varying Standards

Hospitals must balance varying requirements from multiple regulators. Interpreting and reconciling overlapping rules takes excessive time, resources, and brainpower. Hospitals wish their regulators could all get on the same page and write consistent standards.

Areas where this burden is felt most:



Duplicative Reporting

Hospitals provide the same information to a number of entities in slightly different formats. This redundancy increases the complexity of reporting and associated costs. Due to its mostly clinical nature, duplicative reporting pulls clinicians off the floor into reporting tasks and roles.

Areas where this burden is felt most:



Pace of Change

Hospitals are constantly reacting to new CMS rules. They develop new Electronic Health Record (EHR) modules, revise policies, and retrain staff. They want to slow down, plan proactively, and develop sustainable systems. At the same time, they expect standards to stay current with evidence-based care.

Areas where this burden is felt most:



Insufficient Dialogue

When hospitals seek to clarify CMS requirements, they often receive responses that cite the requirements—or hear nothing back at all. When hospitals want CMS to change something for the better, they feel like no one listens. Hospitals feel ignored and wish for more dialogue with CMS.

Areas where this burden is felt most:



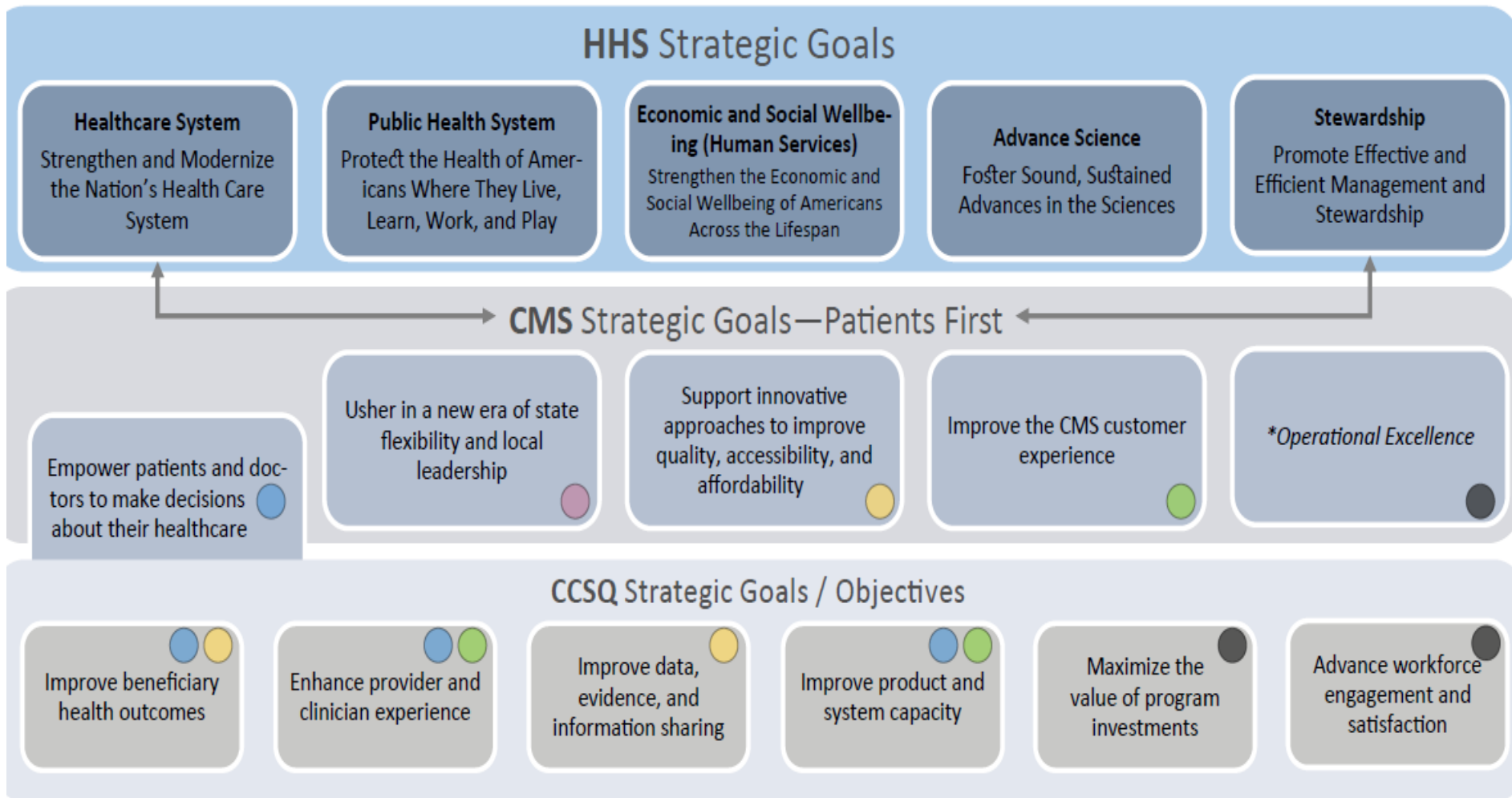
Lack of Transparency

Despite the volumes of requirements imposed by CMS, hospitals feel that CMS operates in an inscrutable “black box.” They wish they had more visibility into CMS oversight methodologies and logic behind the requirements.

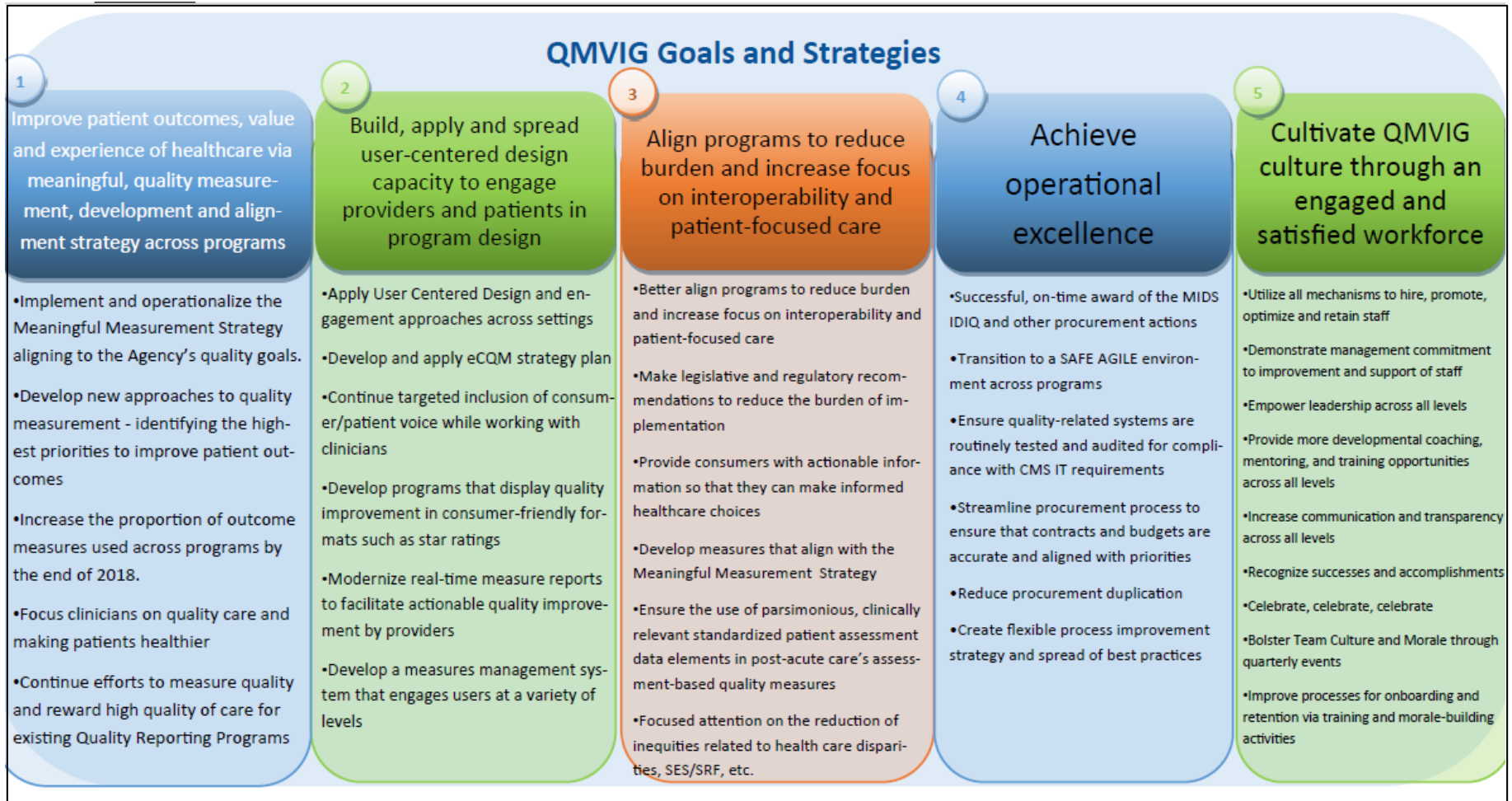
Areas where this burden is felt most:



Focusing on Now



Focusing on Now continued



Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

Program Measures

PCHQR Program

Outcome Measures

Measure Name	NQF #	Status	PCH #
National Healthcare Safety Network (NHSN) Central-line Associated Bloodstream Infection (CLABSI)	0139	Active	PCH-4
NHSN Catheter-Associated Urinary Tract Infection (CAUTI)	0138	Active	PCH-5
Harmonized Procedure Specific Surgical Site Infection (SSI) – colon and hysterectomy	0753	Active	PCH-6/PCH-7
NHSN Facility-Wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI)	1717	Active	PCH-26
NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia	1716	Active	PCH-27
Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)	0166	Active	PCH-29
Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy	N/A	Active	PCH-30/PCH-31
Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (End of Life [EOL]-Chemo)	0210	Active	PCH-32
Proportion of Patients Who Died from Cancer Admitted to the intensive care unit (ICU) in the Last 30 Days of Life (EOL-ICU)	0213	Active	PCH-33
Proportion of Patients Who Died from Cancer Not Admitted to Hospice (EOL-Hospice)	0215	Active	PCH-34
Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days (EOL-3DH)	0216	Active	PCH-35
30-Day Unplanned Readmissions for Cancer Patients	3188	Active	
Surgical Treatment Complications for Localized Prostate Cancer	N/A	Proposed	

PCHQR Program

Process Measures

Measure Name	NQF #	Status	PCH #
Oncology: Radiation Dose Limits to Normal Tissues	0382	Removed	PCH-14
Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain	0383	Active	PCH-15
Oncology: Medical and Radiation – Pain Intensity Quantified	0384	Removed	PCH-16
Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	0390	Removed	PCH-17
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0389	Removed	PCH-18
External Beam Radiotherapy (EBRT) for Bone Metastases		Active	PCH-25
Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	0431	Active	PCH-28

Measures Inventory Tool

CMS Measures Inventory Tool

Centers for Medicare & Medicaid Services

Measures Inventory Tool

External Resources ▾ About ▾

MEASURES INVENTORY
MEASURE SUMMARY
0 MEASURE COMPARISON

Ⓞ How do I search? x Q

TABLE CONTROLS

Show/Hide Columns ☰

Export Excel File 📄

2,238 MEASURE RESULTS | [View Results by Measure Program](#) Show 10 rows ▾

⏪ < 1 2 3 4 5 ... 224 > ⏩

FILTERS Ⓞ

- + Programs
- + Current Status
- + Measure Type
- + NQF Endorsement Status
- + Development Stage
- + Meaningful Measure Area
- + Measure Groups
- + Healthcare Priority
- + Reporting Level
- + Purposes
- + Care Settings
- + Core Measure Set
- + Data Sources
- + Conditions
- + Subconditions
- + eCQM Spec Available

Measure Content Last Updated: 2019-01-05 Ⓞ [What are the Status Definitions?](#)

Add to Measure Comparison	Measure Title Ⓞ	NQF Endorsement Status	NQF ID	Programs	Measure Type
Add +	3-Item Care Transitions Measure (CTM-3)	Endorsed	0228	<ul style="list-style-type: none"> • Hospital Compare (Implemented) Ⓞ • Hospital Inpatient Quality Reporting (Implemented) Ⓞ • Hospital Value-Based Purchasing (Implemented) Ⓞ 	Outcome
Add +	30 Day Stroke and Death Rate for Asymptomatic Patients undergoing carotid stent placement	Not Endorsed	9999	<ul style="list-style-type: none"> • Medicare Shared Savings Program (Declined) Ⓞ • Merit-Based Incentive Payment System (MIPS) Program (Declined) Ⓞ 	Outcome
Add +	30 Day Stroke and Death Rate for Symptomatic Patients undergoing carotid stent placement	Not Endorsed	9999	<ul style="list-style-type: none"> • Merit-Based Incentive Payment System (MIPS) Program (Considered) Ⓞ 	Outcome
Add +	30-day All-Cause Hospital Readmission measure	Not Endorsed	9999	<ul style="list-style-type: none"> • Physician Feedback/Quality Resource Use Report (Removed) Ⓞ 	Cost/Resource Use

Compare Measures ↔

Program Selection

Filter by Programs
Apply Filters

Programs	<input type="checkbox"/> Ambulatory Surgical Center Quality Reporting (38)	<input type="checkbox"/> Medicare and Medicaid Electronic Health Record Incentive Program for Hospitals and Critical Access Hospitals (94)
<u>Current Status</u>	<input type="checkbox"/> Dual Eligible Beneficiaries Program (26)	<input type="checkbox"/> Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (16)
<u>Measure Type</u>	<input type="checkbox"/> End-Stage Renal Disease Quality Incentive Program (89)	<input type="checkbox"/> Medicare and Medicaid Promoting Interoperability: Eligible Hospitals and Critical Access Hospitals (22)
<u>NQF Endorsement Status</u>	<input type="checkbox"/> HEDIS Quality Measure Rating System (7)	<input type="checkbox"/> Medicare Part C Star Rating (34)
<u>Development Stage</u>	<input type="checkbox"/> Home Health Quality Reporting (148)	<input type="checkbox"/> Medicare Part D Star Rating (16)
<u>Meaningful Measure Area</u>	<input type="checkbox"/> Home Health Value Based Purchasing (31)	<input type="checkbox"/> Medicare Physician Quality Reporting System (516)
<u>Measure Groups</u>	<input type="checkbox"/> Hospice Quality Reporting (25)	<input type="checkbox"/> Medicare Shared Savings Program (431)
<u>Healthcare Priority</u>	<input type="checkbox"/> Hospital Acquired Condition Reduction Program (15)	<input type="checkbox"/> Merit-Based Incentive Payment System (MIPS) Program (728)
<u>Reporting Level</u>	<input type="checkbox"/> Hospital Compare (116)	<input type="checkbox"/> Million Hearts (7)
<u>Purposes</u>	<input type="checkbox"/> Hospital Inpatient Quality Reporting (251)	<input type="checkbox"/> Not specified (27)
<u>Care Settings</u>	<input type="checkbox"/> Hospital Outpatient Quality Reporting (76)	<input type="checkbox"/> Nursing Home Quality Initiative (25)
<u>Core Measure Set</u>	<input type="checkbox"/> Hospital Readmission Reduction Program (9)	<input type="checkbox"/> Physician Compare (283)
<u>Data Sources</u>	<input type="checkbox"/> Hospital Value-Based Purchasing (68)	<input type="checkbox"/> Physician Feedback/Quality Resource Use Report (490)
<u>Conditions</u>	<input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting (56)	<input type="checkbox"/> Physician Value-Based Payment Modifier (567)
<u>Subconditions</u>	<input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting (34)	<input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE) (8)
<u>eCQM Spec Available</u>	<input type="checkbox"/> Long-Term Care Hospital Quality Reporting (40)	<input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting (61)
	<input type="checkbox"/> Medicaid (113)	<input type="checkbox"/> Qualified Health Plan (QHP) Quality Rating System (QRS) (57)
	<input type="checkbox"/> Medicaid Promoting Interoperability Program (53)	
	<input type="checkbox"/> Medicare Advantage Quality Improvement Program (5)	

Measure Results

61 MEASURE RESULTS | [View Results by Measure Program](#) Show 10 rows << < 1 2 3 4 5 6 7 > >>

Measure Content Last Updated: 2019-01-05 [What are the Status Definitions?](#) Compare Measures

FILTERS

- + Programs
- + Current Status
- + Measure Type
- + NQF Endorsement Status
- + Development Stage
- + Meaningful Measure Area
- + Measure Groups
- + Healthcare Priority
- + Reporting Level
- + Purposes
- + Care Settings
- + Core Measure Set
- + Data Sources
- + Conditions
- + Subconditions
- + eCQM Spec Available

Clear All x Prospective Payment System... x

	Add to Measure Comparison	Measure Title	NQF Endorsement Status	NQF ID	Programs	Measure Type
Add +		30-Day Unplanned Readmissions for Cancer Patients	Endorsed	3188	• Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Considered)	Outcome
Add +		Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer	Endorsed	0223	• Hospital Compare (Implemented) • Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Removed)	Process
Add +		Adjuvant Hormonal Therapy	Endorsed	0220	• Hospital Compare (Implemented) • Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Removed)	Process
Add +		Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Not Endorsed	9999	• Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Implemented)	Outcome

PCHQR Program and Public Reporting

[Hospital Compare](#)

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Home Share

You can now view Department of Defense and Veterans Health Administration hospital performance data through the search function.

Find a hospital

A field with an asterisk (*) is required.

* **Location**
Example, 45802 or Lima, OH or Ohio

Hospital name (optional)
Full or Partial Hospital Name



Spotlight

- ◆ Compare hospitals based on their overall star rating, which summarizes a variety of quality measures shown on Hospital Compare. [Learn more.](#)
- ◆ **NEW** Get hospital payment measures for 6 common types of clinical episodes in the downloadable databases.
- ◆ Get data on:
 - ◆ **Veterans Administration (VA) hospitals.** Updated February 2019.
 - ◆ **NEW PPS-exempt cancer hospitals.** Updated February 2019.

PCHQR Program Datasets

Data.Medicare.gov

Explore all datasets

Showing results for " pps-". [Clear all filters.](#)

Showing: All Types ▾ Sort by: Most Relevant ▾

- HOSPITAL COMPARE
- NURSING HOME COMPARE
- PHYSICIAN COMPARE
- HOME HEALTH COMPARE
- DIALYSIS FACILITY COMPARE
- HOSPICE COMPARE
- INPATIENT REHABILITATION FACILITY COMPARE
- LONG-TERM CARE HOSPITAL COMPARE
- SUPPLIER DIRECTORY
- MEDICARE'S HELPFUL CONTACTS

Q pps-

6 Results [Filter >](#)

Cancer Treatment Measures – PPS-Exempt Cancer Hospital

Hospital Compare

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program currently uses three cancer specific measures. The resulting... [More](#)

Tags [hospital compare,](#)

Views 20,434

Oncology Care Measures – PPS-Exempt Cancer Hospital

Hospital Compare

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program currently uses five oncology care measures. The resulting... [More](#)

Tags

Views 8,062

Table Preview

Table Preview

View Data

Create Visualization

Prov...	Hosp...	Hosp...	Addr...	City	State	ZIP_C...	Coun...	MEA...	MEA...	NUM...	DEN...	FOC
050146	CITY OF H...	Acute Car...	1500 E D...	DUARTE	CA	91010	LOS ANG...	PCH-1	Adjuvant...	11	11	
050146	CITY OF H...	Acute Car...	1500 E D...	DUARTE	CA	91010	LOS ANG...	PCH-2	Combinat...	Not Avail...	Not Avail...	1
050146	CITY OF H...	Acute Car...	1500 E D...	DUARTE	CA	91010	LOS ANG...	PCH-3	Adjuvant...	213	227	
050660	USC KEN...	Acute Car...	1441 EAS...	LOS ANG...	CA	90089	LOS ANG...	PCH-1	Adjuvant...	Not Avail...	Not Avail...	1
050660	USC KEN...	Acute Car...	1441 EAS...	LOS ANG...	CA	90089	LOS ANG...	PCH-2	Combinat...	0	0	7
050660	USC KEN...	Acute Car...	1441 EAS...	LOS ANG...	CA	90089	LOS ANG...	PCH-3	Adjuvant...	43	51	
100079	UNIV OF...	Acute Car...	1475 NW...	MIAMI	FL	33136	MIAMI-D...	PCH-1	Adjuvant...	18	18	
100079	UNIV OF...	Acute Car...	1475 NW...	MIAMI	FL	33136	MIAMI-D...	PCH-2	Combinat...	38	40	
100079	UNIV OF...	Acute Car...	1475 NW...	MIAMI	FL	33136	MIAMI-D...	PCH-3	Adjuvant...	198	198	
100271	H LEE MO...	Acute Car...	12902 M...	TAMPA	FL	33612	HILLSBO...	PCH-1	Adjuvant...	15	17	
100271	H LEE MO...	Acute Car...	12902 M...	TAMPA	FL	33612	HILLSBO...	PCH-2	Combinat...	58	63	
100271	H LEE MO...	Acute Car...	12902 M...	TAMPA	FL	33612	HILLSBO...	PCH-3	Adjuvant...	434	462	
220162	DANA-FA...	Acute Car...	450 BRO...	BOSTON	MA	02115	SUFFOLK	PCH-1	Adjuvant...	32	32	



< Previous Next >



Showing Rows 1-13 out of 33

Patients Over Paperwork

Patients Over Paperwork

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Patients Over Paperwork

We're putting patients first by reviewing and streamlining our regulations so we can:

- Reduce unnecessary burden
- Increase efficiencies
- Improve the beneficiary experience

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- [Talking about E&M code reforms](#)
- [Reforming E&M codes](#)
- [Simplifying office visit documentation](#)
- [Sharing our 2019 Medicare Physician Fee Schedule \(PFS\) **final** & proposed rule presentations](#)
- [Complexity & burden of hospital reporting](#)
- [Beneficiary care activities & transitions](#)

Featured video

**It is recommended to view the video below with Flash disabled in Chrome, Firefox, or Internet Explorer 11 browsers, due to known usability issues with other browsers.

SUCCESSES
Reducing burdensome requirements

REQUIREMENTS
QUALITY PAYMENT PROGRAM

Patients Over Paperwork - Burden Reduction

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Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

Future Considerations

Patient-Reported Outcomes

- Collaborate with the Center for Medicare and Medicaid Innovation (CMMI) Comprehensive Care for Joint Replacement (CJR) Model Team to discuss:
 - Developing Peer Review Organization (PRO) Quality Measures
 - Sharing Lessons Learned
 - Linking CJR participant hospitals' performance on quality measures to payment
 - Publically reporting quality measure results for hospitals participating in CJR
 - Considerations for the PCHQR Program

CMS Cancer Program Partnerships

- CMMI
 - Oncology Care Model (OCM)
 - CMMI is pursuing the opportunity to further its goals of improved quality of care at the same or lower cost through an oncology payment model.
 - Five-year model (2016–2021) will test innovative payment strategies that promote high-quality and high-value cancer care.
 - **Episode Based Care** - Payment model targets chemotherapy and related care during a six-month period that begins with receipt of chemotherapy treatment.
 - **Emphasizes practice transformation** - Physician practices are required to implement “practice redesign activities” to improve the quality of care they deliver.
 - **Multi-payer model** – The model includes Medicare fee-for-service and other payers working in tandem to leverage the opportunity to transform care for oncology patients across the practice’s population.

CMS Affinity Groups

Qualified Independent Contractors (QICs) chartered cross-agency Affinity Groups to:

- Build cross-component collaboration
- Enhance health quality programs
- Produce impactful outcomes and demonstrate value
- Implement the CMS Quality Strategy Goals



CMS Affinity Groups

- Alzheimer's & Dementia and Palliative Care Affinity Groups
 - To foster engagement and collaboration of CMS stakeholders and external agency stakeholders to discuss issues relevant to palliative care
 - To align Alzheimer's disease and related dementias (ADRD) efforts across the agency
- Patient & Family Engagement Affinity Group
 - To create an inclusive, collaborative, and aligned national person and family engagement framework guided by person-centered values and drives genuine transformation in attitudes, behavior, and practice

Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

Key Dates and Reminders

Upcoming Events and Deadlines

- **Events – Save the Date**
 - June 26, 2019
- **Data Submission Deadlines**
 - July 3, 2019
 - Q1 2019 HCAHPS Survey data
 - August 15, 2019
 - Q1 2019 hospital-associated infection (HAI) measure data
 - CAUTI, CLABSI, SSI, MRSA, CDI
 - Q1 2018–Q4 2018 Oncology Care Measure (OCM) and EBRT measure data

Hospital Compare

- **July 2019**

- Q4 2016–Q3 2017 Cancer-Specific Treatment (CST) hormone data
- Q4 2017–Q3 2018 HCAHPS Survey data
- CST colon and breast data removed from *Hospital Compare*

- **October 2019**

- Q1 2017–Q4 2017 CST hormone data
- Q1 2018–Q4 2018 HCAHPS Survey data
- Q1 2018–Q4 2018 MRSA, SSI, CDI data*
- Q4 2018–Q1 2019 HCP data*

*Currently proposed for public display on *Hospital Compare* in the FY 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule

Accessing the *QualityNet* Questions and Answers Tool

[QualityNet Questions and Answers Tool](#)

The screenshot displays the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login link: "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button. Further right is a search bar with a "Search" button. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Underneath are dropdown menus for various facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into several sections:

- QualityNet Registration:** A list of links including "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "QIOs".
- Getting Started with QualityNet:** A list of links including "Registration", "Sign-In Instructions", "Security Statement", "Password Rules", and "QualityNet System Security Policy, PDF".
- Join ListServes:** A link to "Sign up for Notifications and Discussions."
- QualityNet News:** A section with a "More News >" link. The main article is titled "CMS releases December 2017 Hospital Compare preview reports". The text states: "The Centers for Medicare & Medicaid Services (CMS) is making the December 2017 Hospital Compare preview reports available on QualityNet on October 2, 2017. The preview reports are for hospitals and facilities participating in the Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR), Inpatient Psychiatric Facility Quality Reporting (IPFQR) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs." It also mentions that reports will be available from "October 2 through October 31" and that hospitals are encouraged to access reports early. A "Full Article >" link is provided.
- Headlines:** A list of news items, including "CMS grants exceptions for Quality Program participants in FEMA disaster areas in Puerto Rico and U.S. Virgin Islands affected by Hurricane Maria", "CMS will not update Hospital Compare Star Ratings Data in October 2017", "CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma", "CMS will hold a second Review and Corrections Period for the FY 2018 HAC Reduction Program", "CMS grants exemptions for Quality Program participants in FEMA disaster areas in Texas and Louisiana affected by Hurricane Harvey", and "Hospital VBP Program FY 2018 Percentage Payment Summary Report now available".
- Log in to QualityNet Secure Portal:** A section with a "Login" link and a list of resources: "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources".
- Questions & Answers:** A list of links for "Hospitals - Inpatient", "Hospitals - Outpatient", "Ambulatory Surgical Centers", "Inpatient Psychiatric Facilities", and "PPS-Exempt Cancer Hospitals". The "PPS-Exempt Cancer Hospitals" link is highlighted with a red box.
- Note:** A note stating "Note: First-time registration required".
- Downloads:** A section with a "Downloads" link.

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Continuing Education

CE Approval

This program has been approved for Continuing Education (CE) credit for the following boards:

National credit

- Board of Registered Nursing (Provider #16578)

Florida-only credit

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk[®] survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.



NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

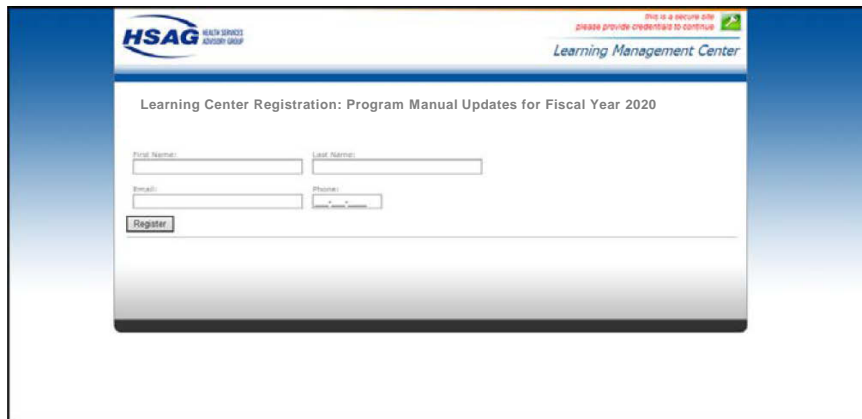
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

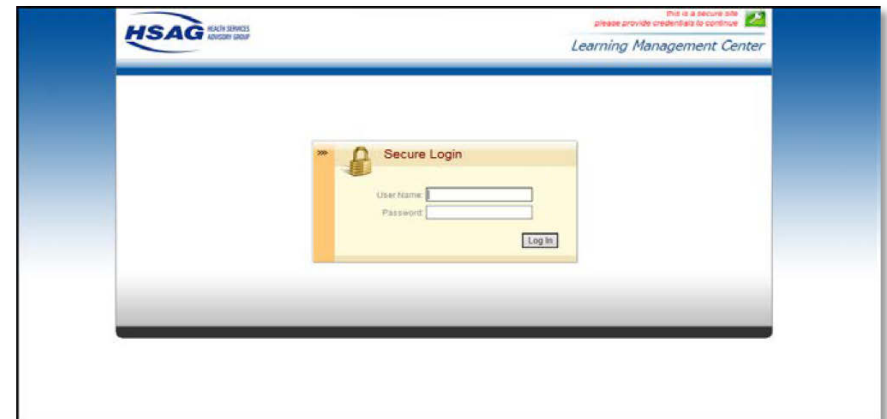
Use personal email and phone.
Go to email address and
finish process.



The screenshot shows the HSAG Learning Management Center registration page. The page title is "Learning Center Registration: Program Manual Updates for Fiscal Year 2020". The form includes fields for "First Name", "Last Name", "Email", and "Phone", along with a "Register" button. A security warning at the top right states "This is a secure site please provide credentials to continue".

Existing User

Entire email is your user name.
You can reset your password.



The screenshot shows the HSAG Learning Management Center secure login page. The page title is "Secure Login". The form includes fields for "User Name" and "Password", along with a "Log In" button. A security warning at the top right states "This is a secure site please provide credentials to continue".

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Closing Remarks

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Closing Remarks

Disclaimer

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